

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | | | | | | | |
|---|--|---|--|---|--|--|--|---|--|---|--|---|--|---|--|
| MEMBER INVOLVED | | 1. DATE OF INCIDENT 10-JUN-2014 | | TIME 23:54:00 | | 2. ADDRESS OF OCCURRENCE 2101 W NORTH AVE CHICAGO, IL 60622 | | | | 3. LOCATION CODE 304 | | 4. BEAT/OCCUR 1424 | | | |
| | | 5. POSITION 9161 | | 6. LAST NAME ZAIDAN | | 7. FIRST NAME JENNIFER L | | 8. STAR NO. 8171 | | 9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F | | 10. RACE CODE WHI | | 11. AGE 506 | |
| SUBJECT INFORMATION | | 14. DATE OF APPT. 25-AUG-2003 | | 15. EMPLOYEE NO. [REDACTED] | | 16. UNIT & BEAT OF ASSIGNMENT 014 1424R | | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | |
| | | 20. LAST NAME COTE | | 21. FIRST NAME MICHAEL | | 22. M.I. JAMES | | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 24. RACE WHI | | 25. D.O.B. [REDACTED] | | 26. HT. 600 | |
| REASON FOR USE OF FORCE (Check all that apply) | | 29. TELEPHONE NO. [REDACTED] | | 30. WAS SUBJECT ARMED/VEHICLE - ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS | | 34. BY WHOM? DR. [REDACTED] | | 35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | |
| | | 36. CHARGES PLACED [REDACTED] | | 37. CB NO. 01891209 | | 38. IR NO. [REDACTED] | | 39. DNA <input type="checkbox"/> | | | | | | | |
| SUBJECT'S ACTIONS | | PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAILANT: ASSAULT | | ASSAILANT: BATTERY | | ASSAILANT: DEADLY FORCE | | | | | |
| | | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____ | | FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____ | | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____ | | ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____ | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER VEHICLE USED AS WEAPON _____ | | | | | |
| MEMBER'S RESPONSE | | MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER _____ | | OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Sperk Displayed) <input type="checkbox"/> OTHER _____ | | ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____ | | KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | FIREARM <input type="checkbox"/> OTHER _____ | | | | | |
| | | 39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) _____ POSITION _____ STAR NO. _____ UNIT _____ | | 40. ADDITIONAL INFORMATION | | 41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER | | 42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | 43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial | | 44. WEATHER CONDITIONS RAIN | | | |
| WEAPON DISCHARGE INCIDENT | | 45. MAKE/MANUFACTURER | | 46. MODEL | | 47. BARREL LENGTH | | 48. CALIBER/GAUGE | | | | | | | |
| | | 49. TASER DART ID NO. | | 50. WEAPON SERIAL NO. (Include Letters) | | 51. CHICAGO GUN REG. NO. | | 52. IL FIREARM OWNER ID. NO. | | 53. HANDGUN CERTIFICATE NO. | | | | | |
| CASE INFO. | | 54. SPECIAL WEAPON CERTIFICATE NO. | | 55. PROPERTY INVENTORY NO. | | 56. TYPE OF AMMUNITION USED | | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER | | 58. TOTAL NO. OF SHOTS MEMBER FIRED | | | | | |
| | | 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) | | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED | | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) | | 63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | |
| SIGNATURES | | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | 65. DID MEMBER USE SIGHTS | | 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) | | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - .05 FT. <input type="checkbox"/> 02 .05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | | | | |
| | | 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | 70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. | | 70. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. | | 71. R.D. NO. HX298542 | | | | | | | |
| MEMBER INVOLVED | | 73. REPORTING MEMBER (Print Name) ZAIDAN, JENNIFER L | | STAR/EMPLOYEE NO. 8171 | | SIGNATURE [REDACTED] | | 74. REVIEWING SUPERVISOR (Print Name) HERNANDEZ, JULIO A | | STAR NO. 1834 | | | | | |
| | | 75. DATE OF APPT. 11-JUN-2014 06:07:29 | | 76. DATE REVIEWED 11-JUN-2014 06:08:50 | | 77. TIME [REDACTED] | | 78. SIGNATURE [REDACTED] | | | | | | | |

LOG# 1069721

Attachment# 19

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY DR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ ONA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Offender hospitalized.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information available at the time of this report, it is the preliminary determination of the undersigned that Officer Jennifer Zaidan #8171 acted in compliance with Department policy. Officer Zaidan's life was threatened after offender COTE, Michael (NoCBR#), CB #18912094 drove his vehicle directly officer's direction, thus placing her in fear of her life. Log Number 1069712 was issued for this incident. U#14-16.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1069721 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

ALEXANDER, DANA

SIGNATURE

DATE COMPLETED

TIME

11-JUN-2014 06:49:26

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.C. REPORT

☐ OR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

5